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MISCELLANEOUS.

Pneumonia.

BY W. E. FOWLER, M.D., BROOKVILLE, KAS.

Read before the Golden Belt Medical Society at Junction City, Kas., January 3, 1894.

Pneumonia is an inflammation of the air vesicles and intervesicular tissue of the lungs.

Inflammation of the lungs from its anatomical differences, is classified into three varieties:

1. Croupous or lobar; 2. catarrhal broncho-pneumonia or lobular; and 3. interstitial or fibrous.

Croupous pneumonia is an inflammation of the alveoli, with an exudation of fibrin, serum, and an abundant formation of pus cells within the air vesicles.

Idiopathic, primary, pneumonia is usually of this variety. Catarrhal or broncho-pneumonia is usually, some say always, a secondary disease. It is most common in infant life and is an extension of inflammation from the bronchi and bronchioles into the air cells.

In this variety there is an inflammation of the air cell, with proliferation of epithetial cells and an exudation of serum, but not of fibrin.

In interstitial pneumonia there is inflammation and hyperplasia of the connective tissue of the lungs. I shall in this paper confine myself to the croupous variety, which is by far the most frequently met.

The cause of croupous pneumonia has been much discussed. It is now generally regarded as a specific and contagious disease.

The peculiar causative germ has been claimed to have been discovered and given the name of pneumococci.

In 1883 Friedlander and others found peculiar micrococci in the sputa of patients suffering from pneumonia. In 1885 Paulsky, of St. Petersburg, found on gelatin plates exposed to the open air microbes corresponding in appearance to Friedlander's, and inoculations of these made upon dogs and guinea pigs presented the appearance of pneumonia. About the same time Sternberg announced that the pneumococci is identical with the micrococci constantly found in the saliva of many individuals, especially those living in warm climates, and also identical with micrococci found by Pasteur in the blood of rabbits which had been inoculated with the saliva of a child who died of hydrophobia.

It seems to be not yet proven whether these germs are the exciting or remote cause of the disease.

From the fact that pneumonia is often epidemic, it has long been thought to be infectious.

It does not seem to be dependent alone to exposure. Some years when the winters are especially favorable to catarrhal disease there is but little if any pneumonia, but plenty of bronchitis, while in other seasons, with not so much apparent exposure, it might be said to be epidemic. While this is true, nevertheless exposure to cold is generally the exciting cause.

In pneumonia there are recognized three distinct and well marked stages: (1) the stage of congestion; (2) hepatization, red then gray; (3) resolution.

In the stage of congestion or engorgement the microscopic examination reveals only an excessive determination of blood.

The lung pits on pressure is heavier than normal. It has lost its crepitant nature. It is a dark red color and emits on cut surface a reddish, frothy, tenacious mucous.

The microscope shows the capillaries in the walls of the alveoli greatly distended and projecting into their cavities, diminishing their caliber, and a viscid fluid begins to exude in which points of extravasated blood appear.

The stage of hepatization may be said to exist when the exudation thrown out has filled the air cells and terminal bronchi, and is coagulated. The lung tissue is friable, so as to be readily torn and penetrated by the finger. The torn surface presents a granular appearance, each granule being the contents of an air cell. In some cases the red blood corpuscle, and in others the white, predominate. The lung is heavier than water, while the volume of the lobe affected is somewhat increased.

At first the color is red, owing to the number of red blood corpuscles, but this is gradually changed to a grayish or yellowish white. This change is brought about by changes in the hæmatin of the blood that causes it to lose its red color. The red corpuscles remain, but have lost their red hue. The proportion of white corpuscles increases and as they increase the color becomes more yellow and the lung tissue is now still more friable, and a greenish yellow matter exudes when cut or torn. Sometimes there is but little purulent infiltration, and sometimes it may develop into an abscess.

The disease now passes into the stage of resolution, and the plug that fills the air cell is broken down. This is brought about by the removal of the stasis of the blood vessels surrounding the air cell. The plug undergoes fatty metamorphosis and is dissolved in a serous effusion which is thrown out. The solution is partly removed by expectoration and partly by absorption. Sometimes there are portions which are not dissolved, and remain a cheesy substance, filling the alveoli. The different stages will be found to exist simultaneously in different portions of the lung.

The stage of resolution usually takes place while the patient is convalescing.

A small circumscribed area may be affected or a large portion of one or both lungs.

In a large proportion of cases the inflammation involves the pleura with the characteristic changes of pleuritis.

Croupous pneumonia usually begins with a distinct and prolonged rigor. Prodroma are slight, if not absent. The temperature soon rises to 102° to 105°, usually highest by the third day, with corresponding acceleration of pulse.

There is usually an evening exacerbation of ½° to 2° of temperature. The respiration is hurried; face is flushed. There is usually the dorsal decubitus. There is severe pain in chest, back and limbs.

Pain in chest may not be present at first when inflammation begins centrally in the lung. The tongue is heavily coated with white fur; cough is a constant symptom; is usually restrained on account of pain; sputa is scanty, viscid, and varies in color from a pinkish to brick-dust or prune-juice color.

There is more or less dyspnœa. The urine is scanty. The urea and urates are increased, while the chlorides are deficient. Albumen is frequently present.

Brain symptoms are often severe, especially in old and young; so much so as to mask the disease completely, and a diagnosis of meningitis has been made by careful and distinguished practitioners. In severe cases there is usually delirium.

The fever usually terminates by crisis from the fifth to the seventh day, when the symptoms rapidly subside. In some cases the subsidence of symptoms are more gradual. In aged or feeble subjects there is an adynamic condition found with absence of cough, pain and sputa, instead of the regular course of the disease.

In the first stage there is diminished respiratory movement on side affected; also increased vocal fremitus and slight dullness. Auscultation reveals the crepitant rale which is characteristic of pneumonia.

In the second stage impairment of motion on affected side and increase on healthy side is more apparent. There is also an increase

of vocal fremitus and dullness on percussion. In this stage is bronchial respiration and bronchophony caused by the more ready transmission of sound through the consolidated lung substance.

In the third stage there is a partial return of motion on affected side and a decrease of vocal fremitus and dullness; crepitant rales reappear, followed by the subcrepitant.

Differential diagnosis is to be made from cerebral disease, cerebro-spinal meningitis, pleurisy, bronchitis, pulmonary œdema and abscess of liver.

Pneumonia may be complicated with other diseases as pleurisy with effusion, bronchitis, œdema of lungs from heart disease, pericarditis, inflammation of liver and nephritis. "Intemperance increases the severity and danger, and delirium tremens is liable to occur, obscuring the symptoms of pneumonia."

The mortality is greatest in infancy, old age, alcoholics and those suffering from Bright's disease. Mortality statistics are very inconclusive and unsatisfactory. Statistics collected by the British Medical Association show that the mortality in English private practice is 18 per cent. Honot, of Paris, estimates the general average at 14 per cent. There is a wide variation from this general average. Louis in 1828 reported a loss of 33⅓ per cent. in one hospital in Paris and 14 per cent. in another at same time and with same mode of treatment. At the Charity Hospital of Paris in 1828, mode of treatment not given, there was reported a mortality of 33⅓ per cent. At the same hospital, from 1831 to 1836, routine bleeding was practiced, with a mortality of 11 per cent., and more recently Laenuse, in the same hospital, with the bleeding and tartarized antimony treatment, there was a death rate of only 3 per cent.

The reverse of this was the report from the Edinburg Royal Infirmary, where, for a period of thirty-six years prior to 1848, there was an average death rate of 35 per cent. under bleeding, while for seven years prior to 1864, with tonic treatment and without bleeding, it was reduced to 6¼ per cent. Hartshorne says, from statistics at his disposal, the average mortality under treatment in vogue during the second quarter of this century was not over 8⅓ per cent., and that the recent and present death rate in the hospitals of this country is rarely below 25 per cent., more often above. Purely expectant treatment has given better results than some of the foregoing figures.

Treatment will vary as to the stage when found, as to whether sthenic or asthenic. Each case should be treated as pro re nata. It should be seen that there is proper ventilation in the sick room.

Nothing which we are called upon to treat requires more prompt and decided measures. In the early stage, before hepatization, the disease may be aborted. Dr. Palmer, of the University of Michigan, taught his classes that large doses of quinine and morphine will many times accomplish this result, while, if it does not abort the disease, will have a salutary effect. A large fly blister over the seat of the inflammation will greatly aid this result.

The excessive blood pressure should be relieved with veratrum viride or aconite, preferably the former, pushed to their physiological action. In very plethoric cases where there is great congestion, blood should be taken freely by venesection or wet cups, but ordinarily the veratrum will suffice.

To control the temperature antipyretic drugs may be given, but many, especially in Germany, use ice cold compresses to the chest, frequently changed in all sthenic cases. Remarkable results are said to be obtained. Hot fomentation may be used throughout the treatment. A most convenient way to use poultices is to loosely fill a bag with sifted bran or hops and steam in a bread steamer over a pot of boiling water, having two, so that one may be heating while the other is being used. In this way the offensive, sodden and wet poultice is avoided, while it is much lighter and more comfortable than the ordinary poultice.

After the stage of congestion the time for using veratrum or other cardiac sedatives is passed and the opposite is indicated. Ammonia carbonate or salicylate, digitalis and its cogeners, or strychnia or atropia, as the

particular case or condition calls for.

Alcoholics should have but a small place in the treatment and should never be given in the early stage. When there is danger of collapse strychnia or nitroglycerine, with atropia, will probably fulfill the indications most fully.

Mercurial medication by parenchymatous injections or inunctions is advocated by many. In one of the St. Petersburg hospitals mercury has been used by inunction for several years to the exclusion of all other treatment with a reported falling off of mortality from a former rate of 31½ per cent., to 6¼ per cent. They use a drachm of the ointment night and morning in ordinary cases, and in severe cases one and a half drachms.

In asthenic cases sedatives and depletion will not do, but the heart stimulants and tonic treatment and supporting measures are indicated from the beginning. Absorption of the exudate may be hastened by the exhibition of the iodides or hydro-iodic acid.

Nourishing and easily assimilated food should be given. The eliminatives should be kept active. During convalescence a tonic treatment should be pursued.

I have chosen to present what I judged to be salient points in the treatment of this disease. Other lines of treatment have their advocates. which I trust the discussion of the subject may develop to our mutual profit.

Removal of Spleen.

BY J. N. KETCHERSID, M.D., HOPE, KAS.

C. S., of Carlton, Kas., aged 28, sober habits, tubercular parentage, called on me May, 1894, on account of an abdominal tumor, About two years ago he received a blow on left side; in a few months after a tumor began to develop, but gave him very little trouble until last spring, when he came to see me. About the 1st of January peritoneal inflammation began in the region of the spleen and extended more or less over the whole abdomen, conveying a grating sensation on respiration and by palpation. The left side of the belly, from the diaphragm to the crest of the ilium, and two inches to the right of the median line, was entirely filled by the spleen. The abdominal cavity contained a considerable amount of ascetic fluid. Patient was not able to lie in a recumbent position without great pain at each respiration. Had occasional diarrhea, appetite fairly good and very well nourished. Slight rise of temperature during day.

After a consultation with Dr. Sawtell, of Gypsum City, Kas., we decided to excise the spleen on February 16.

I was assisted in the operation by Drs. Sawtell and Chaney, of Gypsum, and Dr. Hozine, of Carlton.

Ether having been administered, a longitudinal incision was made on the left side from the lower border of the ribs to within two inches of the crest of the ilium. Passing my hand around the spleen broke up a few adhesions to parieties of abdomen. The diaphragmatic and capsular connections were carefully torn through, the spleen then easily turned out and was held up while the vessels were secured by clamps and the spleen removed. The vessels were unusually large and the walls of the veins thin and easily torn. The splenic vein was isolated and secured by a silk ligature, remainder of pedicle tied in two sections with braided silk, clamp removed and pedicle dropped into the cavity. After irrigating and carefully sponging, the cavity was closed by interrupted sutures. The operation was conducted antiseptically throughout.

Spleen was covered here and there with grayish spots, very soft, easily broken down. Patient was put to bed with a pulse of 95, condition good.

Died eight hours after operation from secondary hemorrhage.

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Topeka, Kansas, Saturday, March 9, 1895.

Aids to Diagnosis

A correspondent to the New York *Medical Times* writing on "That Thermometer 'Thing,'" says he "has two of them, but never uses them," and this remark suggested the question to us, What place does the thermometer, the microscope and the culture tube occupy in the field of medicine? The man who *never* uses a thermometer most likely never has any use for the other two, and it strikes us he must be a very narrow minded practitioner.

That these aids to diagnosis have been used when unnecessary; that they have been used for effect upon the patient rather than for the benefit of the attendant, and that they have, by misinterpretation of their story, led to error, are not sufficient reasons for their complete abandonment.

We are told by many competent practitioners that we must not interfere with the temperature in pneumonia, typhoid and other fevers, and it is also claimed that these diseases were more successfully treated in the ante-thermometer days than now. Admitting, for the sake of argument, that all this is true, what better guide to the progress of our case have we than the thermometer? Our patient gets weaker and weaker, and as the temperature rises we watch anxiously the turning point. Possibly the simple decline of temperature which gives us such hope is in itself unimportant, but it indicates a change for the better. It tells us the pathological changes which have been going on in the intestine or the lung are less active or that resolution has begun. The thermometer tells its story and tells it well to the man who studies his cases and knows the relation of body temperature to disease. There are times when the thermometer is not necessary, but there certainly can be no objection to its use in every case and as often as may be desired.

There are crank microscopists who examine everything available with the microscope, and there are occasionally men who use the microscope simply that they may impress their patients with their great skill and attainments and secure a larger fee, but we must ascribe much of our present knowledge of pathology to the microscope.

The culture tube is often used with no very startling results, but we are all well aware that its use has protected many lives from exposure to diphtheritic contagion and has, on the other hand, saved many people weeks of unnecessary confinement.

These things all have their place and there is a place for them. The scientific progressive practitioner who keeps up with the procession will never refuse any assistance that will enable him to better understand his case or interpret the symptoms he has observed. The narrow-minded, bigoted man has as little use for all instruments of precision as he has for books and medical journals.

Argon.

Lord Rayleigh, Sec. R. S., and Professor Ramsay, F. R. S., have discovered a new element in the atmosphere to which the name Argon has been given. It condenses to a colorless liquid at a temperature of 128.6° C., and under a pressure of 38 atmospheres.

The interesting question now is as to what relation this newly discovered element bears to the functions of the human body.

Committee of Arrangements Kansas Medical Society.

The committee of arrangements for the meeting May 16 and 17 is composed of the following physicians: Dr. M. B. Ward, chairman; Drs. S. G. Stewart, J. R. Fay, W. E. McVey and R. S. Magee. Dr. W. E. McVey was selected to act as secretary for the committee. Arrangements will be made for exhibitors, and friends in the pharmaceutical or instrument line who wish to satisfy the curiosity of the members should apply to the secretary of the committee for information and a plan of the hall. Representative hall has been secured, and there are some excellent anterooms which will be used for exhibitors. A large attendance is expected, and a fine program will soon be announced.

New Means of Local Anaesthesia.

Medical Age.

One Dr. K. L. Schleich, of Austria, claims to have discovered that absolute immunity from pain, even during protracted operations may be obtained by a subcutaneous injection of a sugar or salt solution, or of merely cold distilled water; that the results induced are, to all intents and purposes, identical with those obtained by like employment of cocaine.

He adds: The patient may remain perfectly conscious during the amputation of hand and foot without undergoing the tortures so often inflicted upon the battle field, or the exceptional dangers of syncope ever present in the operating room when general narcosis is resorted to.

It is declared that this discovery has already borne the test of several experiments and is about to be applied in the hospitals of Vienna. The explanation of the phenomenon is: Local insensibility to pain is induced in the case of cocaine by purely chemical changes, while cold water or solutions of sugar and salt act mechanically through high pressure and low temperature, the blood and lymph are driven from the place operated upon to where the pressure is less. The tissues are thus deprived of their supply of blood, and temporary paralysis of nerves results.

The foregoing seems to have met with favor in numerous quarters, and in one instance at least, a surgeon of authority affirms that "its importance is all the more undoubted, seeing that in a given case cold water alone should fail to produce the needful degree of insensibility, a weak and absolutely harmless solution of cocaine would prove, certainly, efficacious."

Whether true or false, it is hardly probable that surgeons will give up the use of cocaine, which is deemed certain, in favor of a method which will always be apt to carry with it a feeling of indefiniteness.

[There is doubtless more in this than we at first think. Many practitioners have experienced some startling results from the hypodermic use of both cold and hot water in neuralgic cases. We have known cases of sciatica to be relieved by the injection of two or three syringefuls of hot water, and the same results have been reported to us from the injection of cold water. We hope further investigation may give some definite results.—ED.]

On the Insufflation of Air of the Peritoneum in Tuberculous Peritonitis.

The Times and Register.

The author subscribes a highly valuable note on the above subject. He tells us that Spencer Wells, when about to remove an ovarian cyst, in 1862, came onto an extensive mass of tubercle and ascites, which he cleared away partly with the tumor. The patient fully recovered from the operation and never again had any more terrible pain from the tubercular disease of the viscera.

Konig was the first to formally recommend Laparotomy and practice it for tuberculosis peritonitis in 1882. After this cases multiplied in every direction in which operation was invoked for tuberculosis of the peritoneum, especially in France, England and Germany.

Adelbert, in 1892, in his inaugural in Paris, reported 308 cases which he had collected. Roerch, of Liege, last year gave the records of 50 cases. The mortality of the operation is small. In 358 cases operated on 32 died soon after operation, while 51 more sank at later stages, many with tuberculous invasion of other organs. The cases which offer the best prospects of recovery are the subacute, chronic or encysted. The dry, fibro-plastic variety, with infiltration and puckering of the epiploon give the worst results.

What is the mechanism of cure? Here we are in a field of hypothesis. Probably the admission of air excites a healthy inflammation, which tends to disintegration and absorption of the neoplastic elements. Possibly the major part of the microbic elements are washed away with the ascitic fluid drained off.

Another view is that in all surgical operations on tuberculosis of the peritoneum, a detergent action is brought about by use of a free lavage of medicated solutions, as those partly composed of thymol phenic acid, bichloride, boracic acid, salicylic, etc., besides by touching the affected parts with iodoform, iodine, or curetting their granular surfaces, and drainage itself may exert a salutary influence.

In May, 1892, Professor Mosetig Moorhoff, of Vienna, on operation for tuberculosis of the epididymus of a boy of 12 years, found the spermatic cord and peritoneum affected, extensively, by the same pathological condition. He then introduced a tube through the infundibuliform—process and evacuated 1,700 centilitres of a whitish fluid. He then inflated the abdomen through the same tube until the belly was quite tympanetic, when he withdrew the tube and closed the wound, the boy making a rapid and perfect recovery.

Nerve Suture.

Medical News.

Dr. De Forest Willard formulates the following practical conclusions:

1. Immediate suturing of a divided nerve should never be neglected.

2. Clean end-to-end suture should be secured if possible. In wounds inflicted by a sharp instrument this is easily attained; in torn wounds it is wiser not to remove more of the nerve than is imperative. Whenever a portion is necessarily sacrificed better union will be secured by clearing the nerve for a considerable distance, stretching it thoroughly so as to obtain end-to-end sutures if possible, and then stitching. When it is impossible to join the ends other material may be grafted into the gap, or the nerve may be spliced by flaps cut from its own substance.

3. The best suturing material is fine chromicized catgut inserted by means of a small, round needle directly through the sheath and body of the nerve. Two sutures are usually advisable, crossing each other at right angles.

Secondary suturing offers good hope of success, and should be attempted even if years have elapsed since the accident.

5. When the loss of nerve substance has been large, a nerve graft, or a section taken preferably from a freshly amputated limb or from an animal, should be inserted in the

gap. This usually gives better results than the splicing operation of splitting the nerve and turning the flaps into a gap.

6. Restoration of function often takes place many months after the operation.

7. My own experiments agree with those ol other operators and prove that the distal portion of a severed nerve rapidly degenerates, as does also an interposed graft; yet that transmission of function is possible and that subsequent regeneration may take place as regards both sensation and motion.

Experimental Typhoid Fever.

Medical Record.

Dr. Sanarelli publishes a third memoir on this subject, in which he argues strongly that his researches tend to prove that human typhoid fever is not a primarily intestinal affection. (*The British Medical Journal.*) He insists first on the tolerance of the intestinal mucous membrane which may exceptionally be exhibited, especially in the case of relapses, where only the patches which escaped in the first attack suffer. This intestinal tolerance may be obtained experimentally without in any way altering the vulnerability of the organism generally to the virus. A quantity of sterilized culture of Eberth's bacillus, sufficient to vaccinate the animals, was injected by degrees into the stomachs of guinea pigs, the necessary quantity being determined by simultaneous subcutaneous injection in other animals till these were fully vaccinated. The animals so treated were then inoculated with virus together with others to serve as controls. They died in the same time as these, but exhibited no abdominal symptoms, the meteorism, tenderness, and pain present in the latter being absent.

Post mortem, while in the control animals abundant peritoneal exudation was found with typical intestinal lesions, in the others there was no fluid, and the intestines were perfectly normal with their mucous membrane intact. But, at the same time, the other mucous membranes were found congested, which goes to show, according to the author, that the immunity of the intestine results from the habituation of the cells which have eliminated the first poison. A similar immunity was obtained by the injection of putrid beef broth. As in vaccination by subcutaneous injection, the microbes, together with B. coli, tend to disappear from the intestines thus immunized; but on inoculation B. coli again becomes numerous and virulent, as in ordinary cases, although the intestinal walls have perfect immunity. Investigating the nature of immunity against typhoid, the author criticises and rejects the experiments tending to prove that the serum of immune individuals possesses bactericidal or antitoxic properties. First, as to bactericidal power: Animals vaccinated in the ordinary way were inoculated with virus. The first was killed after two days, and cultures made from the peritoneum were fatal to guinea pigs in twelve to sixteen hours; cultures from the second, killed after three days, were fatal in ten to twelve hours; cultures from the third, killed after four days, were fatal in eight hours, the usual intestinal lesions following with marked intensity. Therefore, in animals vaccinated against typhoid fever, so far from their serum being bactericidal, Eberth's bacillus flourishes and progressively augments in virulence. Secondly, as to antitoxic properties: Vaccinated animals were found to be even more vulnerable to the toxin than unvaccinated, the hypothermia being more marked and regularly progressive. Further, guinea pigs and mice were inoculated with toxin mixed with serum of vaccinated animals. With the exception of two mice (notoriously uncertain in reaction), they all died in the ordinary way. On the other hand, the activity of the phagocytes of vaccinated animals is found to be enormously increased. As stated, no peritoneal effusion is found; but the intestines are covered with a thin, sticky layer, which the microscope shows to consist exclusively of leucocytes and endocellular microbes. The author concludes that B. Coli and Eberth's bacillus must be considered as distinct varieties. Finally, the author claims that the biologi-

cal process of human typhoid is to be explained by the knowledge gained by experiment. The earliest symptoms are malaise, fatigue, pains in the head and limbs; the intestinal symptoms only appear when absorption begins. The hyperthermia is a measure of the reaction of the organism of the poison, and if the bacillus of Eberth could fabricate its poison with the same intensity as the cholera vibrio in the human organism, the disease would be rapid and apyretic as in the animals experimented upon.

Pseudo Chancres.

Journal of Cutaneous and Genito-Urinary Diseases.

Dr. J. P. Gayon, of the City of Mexico, states that any simple ulceration under the local irritating influence of calomel, a caustic, or even from inflammation of the tissue, may simulate chancre. The site of the lesion exerts a great influence upon the development of induration, for in the nose and the balano-preputial sulcus the anatomical disposition of the tissues and the lack of elasticity contribute to produce circumscribed induration. Any lesion of the superficial layers of the skin or a herpetic eruption in these regions may be complicated with an induration, without any specific element. Any lesion or eruption in the balano-preputial sulcus is accompanied by more or less induration. Certain syphilides of the mucous membranes may become indurated and simulate a primary sore. This variety, being of the papulo-erosive form, and from its site, indolence, volume, configuration, evolution and course, may so simulate a primary sclerosis that confusion is easy. In the third stage the gummata of the genital organs during ulceration may assume the appearance of the primary sore. They first feel like a foreign body beneath the skin, from their cartilaginous hardness. After a time they approach the skin and, by ulcerating, may resemble a chancre. He concludes that simple ulcerations of the genitalia, by reason of their site or inadequate treatment, may simulate chancre; that chancroid, either from these same causes or from developing in a syphilitic organism, may give rise to confusion; that certain secondary syphilides and tertiary syphilomata may perfectly assume characteristics of the initial lesion of syphilis.

Drinkers and Children.

American Practitioner and News.

A distinguished specialist in children's diseases has carefully noted the difference between twelve families of drinkers and twelve families of temperate ones during a period of twelve years, with the result that he found that the twelve drinking families produced in those years fifty-seven children, while the temperate ones were accountable for sixty-one. Of the drinkers twenty-five children died in the first week of life, as against six on the other side. The latter deaths were from weakness, while the former were attributable to weakness, convulsive attacks, or edema of the brain and membranes. To this cheerful record is added five who were idiots, five so stunted in growth as to be really dwarfs, five when older became epileptics, one, a boy, had grave chorea ending in idiocy, five more were diseased and deformed, and two of the epileptics became by inheritance drinkers. Ten, therefore, of this fifty-seven only showed during life normal disposition and development of body and mind. On the part of the temperates, as before stated, five died in the first weeks of weakness, while four in later years of childhood had curable nervous diseases. Two only showed inherited nervous defects. Thus fifty were normal, in every way sound in body and mind.

AT the meeting of the State Board of Health last Thursday Dr. T. E. Raines, of Concordia, a homeopath, was elected president, and Dr. T. Kirkpatrick, of Westphalia, secretary.

Nervous Exhaustion Among Physicians.

American Lancet.

It is an admitted fact that physicians fall far short of the longevity attained by other professional classes. The clergyman has double the chances of life that the doctor has. The lawyer has twenty-five per cent. more chances in the race for long life than has the doctor. English statistics class the death rate of physicians with that of liquor dealers, plumbers, painters, cutlery grinders, workers in stone, slate and quarries.

The question oft recurs, Why this excessive mortality among physicians? Antedating the death is the disability. What makes the disability?

Is it work? As a purely intellectual pursuit it cannot be said that the practice of medicine is harmful to health or life. In fact, neither mental nor physical work kills. Both invigorate and demonstrably increase longevity. The actual work of the physician is of such a sort as peculiarly to promote health.

Is it risk? To some extent this must be answered in the affirmative. The physician is exposed to diphtheria, and not infrequently becomes infected and dies.
He is exposed to all the contagious diseases, and occasionally suffers therefrom. He is exposed to syphilis, and during operations upon syphilitic subjects occasionally becomes infected, with sometimes serious results. During cholera and yellow fever epidemics, doctors are swept off with others who cannot fly the contagion.

Is it exposure? To some extent. Responding to calls at all hours of the night, the doctor not infrequently thus lays the foundations of a fatal disability. The drenching storms, the torrid heats, the chilling blasts, all take from the doctor who is below par some of his powers of resisting disease.

Is it the sufferings and sorrows of his patients? It has been the writers lot to have known personally several talented, learned skillful physicians who actually so carried the afflictions of their patients as to become swamped themselves with the load and sink to an early grave. Many others before they reached middle life became practically wrecks unfited for longer work in the profession.

Is it anxiety respecting ultimate success? Doubtless this is a large factor with many physicians. Those who have passed through this ordeal will recall not a few that they have personally known to sink under the load.

Is it anxiety lest they fail to do the very best thing for their patients? Not a few suffer indescribably from this cause. So great is their desire to do the best possible for their patients, so conscious are they of lacking all knowledge and all wisdom, that they fear lest what they have done will fall short of what should or could be done—their nervous systems are in a state of unstable equilibrium all the time, and the derangements of digestion, circulation, etc., are correspondingly great.

Is it the unjust and unkindly criticisms of patients and their friends and acquaintances? The physician is not quite human who is not hurt at such criticisms when he knows he has done the best possible. But as the criticism is from ignorance and overweening self-conceit, he is compelled to bear the hurt in silence.

Is it the unjust criticism of fellow physicians? Certainly this is a large factor in the high tension under which so many physicians are compelled to live. Treacherous stabs in the dark, made by fellow physicians, have killed as with a knife many sensitive, talented doctors. Reputations are destroyed by underhanded schemes of unscrupulous competitors; in the strife for high position, all who stand in their way are remorselessly laid low. This is done covertly. As it is said in the good book, "while he slept, his enemy sowed tares in his fields." Only as the grain ripens does the doctor know that the noxious weeds have been scattered. But then it is too late to rectify the evil.

Need this be so? We have a written code of ethics that is presumed to guide physi-

cians so that they shall avoid doing injury to brother physicians; besides, in each community there is more or less an unwritten code of morals. But both are too often utterly disregarded. The combines of medical college, dispensary, hospital, etc., bring a factor of impersonality in this violation of the individual rights of outside physicians, that is even more heartless and destructive than the machinations of the most malevolent individual. There are some physicians so constituted as to suffer but little, if any, from the causes mentioned. They are practically heartless. Lacking a vulnerable point, they shed all the arrows hurled against them. These fail of the highest success of the noblest physicians, but they lead a life of comparative comfort and safety. As they are the exception, we cannot hope that the medical profession will ever be made up entirely of men of their stamp.

Meantime the sacrifice continues.

Defects in Surgical Practice.

The International Journal of Surgery.

In an exceedingly instructive article—from which lack of space prevents us from quoting as liberally as we would like—Professor Skene (*Brooklyn Medical Journal*, February 1895) points out the most prominent defects in surgery as taught and practiced at the present time. He considers the lack of dexterity and accuracy, which leads to slow and consequently imperfect operating, as the most noticeable of these defects, and states that every moment wasted in an operation is a detriment to the patient as well as the surgeon. Rapidity of operating is especially necessary in order to avoid prolonged anesthesia, which is injurious and tends to retard recovery by favoring non-union, suppuration and sepsis. Time is also precious, because the longer the tissues are exposed and the more they are handled, the more slowly and imperfectly they heal. Tissues exposed to the air for an hour or more begin preparation for healing by granulation, and are therefore less capable of uniting by immediate union. Since the introduction of antiseptic surgery imperfections are apt to arise from the endless detail necessary, which in itself makes it difficult to attain perfection. Another source of defects is the disposition on the part of some surgeons to devise new operations and to modify, in the hope of improving, old ones, while they are in black darkness regarding how to perform many of the operations that are known to be quite efficient and well established by the surgeons of the past and present. The endeavor to cover too much ground is also held responsible by the author as a cause of defects; for if one endeavors to wrestle with the whole field of operative surgery, he finds such a number and variety of operations to do that one life is not enough for him to perfect himself in them all.

Infected Feather Beds.

Good Health.

The most insanitary of all household articles is the feather bed. Quite too frequently it is an heirloom which has come down through many generations past, and times it proves to be a genuine Pandora's box of germs, and malodors and other insanitary things which have accumulated during the several generations in which it has done service for all sorts of people under all sorts of conditions. In the larger cities, convenient renovating establishments afford facilities for the purification of feather beds, pillows, etc., which to some degree remedies the evil of which we complain, but by no means altogether; for the feather-bed, at best, contains a considerable amount of organic matter clinging to the quills and feathers, which, absorbing the waste of the body, is always undergoing decomposition, throwing off poisonous gases into the air and affording food for myriads of pestilential microbes which are ever in readiness to seize a favorable opportunity of infecting a weakened body, setting up suppurating processes and intensifying the effects of specifi-

germs of various sorts which may become active in the body through the contagion.

Sometimes, also, a feather bed becomes infected by the contagious elements of scarlet fever, diphtheria, measles, smallpox, or other maladies, and constitutes thereby a most efficient vehicle for these dangerous disorders.

A case of this sort recently occurred in an Eastern town. The death of two children in Woburn, Mass, led to an investigation of the infection, which disclosed the fact that two weeks before the illness of the children a barrel containing a feather bed had been dumped upon a vacant lot. A number of children playing in the lot next day discovered the feather bed, opened it, and scattered the feathers over one another, thus effecting the most thorough exposure possible to whatever contagious element the feathers might contain. Within a few days five of these children were taken with scarlet fever; two died shortly afterwards, and at the time the case was reported the third child was not expected to live. After the children were taken ill some one, perhaps the originally guilty party, burned the feather bed.

In such a case the neglect to destroy so efficient an agent of dissemination of disease before giving opportunity for such a fatality as above reported, cannot be looked upon as anything less than criminal neglect and carelessness.

That this fact was appreciated seems to be evidenced by the subsequent burning of the bed after the children were taken sick. It is to be hoped that the guilty party was discovered, and proper legal punishment administered. It is no less a crime to destroy human life in such a manner than by neglect of proper care for a steam boiler, or by carelessly running a steamboat upon a rock, or, through neglect, allowing it to fire and burn up in mid ocean.

DR. W. L. SCHENCK, formerly of Topeka and one of our co-editors, is a candidate for Secretary of the State Board of Health.

Salipyrin in Uterine Hemorrhage.

University Medical Magazine.

Kayser (*Deutsch med. Woch.*, October 29, 1893) has employed salipyrin in uterine hemorrhage from various causes, including cases of cancer and abortion. In three of the sixteen cases treated the bleeding was so free as to necessitate curetting, and in these it could not be stated whether a more prolonged use of the drug would have brought about the desired effect. In a case of myomatous endometritis it was given without results. In the remaining twelve cases it gave unmistakably good results. In two of these no examination was made, and the diagnosis was in doubt. Of the remaining ten, five were cases of metritis, two of stenosis of the internal os, with consecutive endometritis, one of inflammation of the appendages, one of old peritonitis, and one of submucous fibroid. In all these the duration and quantity of the menses were diminished. Pain was not relieved by this drug. In four of the eight cases the good effects were permanent, in one the hemorrhage resumed after the discontinuance of the drug, and in three no further information was obtained.

The writer believes that salipyrin may be particularly useful in the hemorrhage preceding the menopause. The single dose was fifteen grains and the daily dose forty-five grains. It should be commenced at the beginning of menstruation or, preferably, the day before.

THE commencement exercises of the Kansas Medical College will be held in the High School building on the evening of March 28. Dr. S. G. Stewart will deliver the faculty address.

DR. D. F. RODGERS, of Los Cerillos, New Mexico, stopped a few hours in the city yesterday on his way to Chicago.

Gonorrhœa.

Universal Medical Journal.

If seen during the inflammatory stage, give aloin pills, one grain (o.065 gramme) each, to produce active purgation. This is an important point often overlooked. Not only does the aloin improve the appetite, but it also prevents chordee and gonorrheal synovitis, and renders the inflammation less severe. Twist a fine layer of cotton wool about a lucifer match, cover it with ointment made of dilute nitrate of mercury to which morphine has been added 1 grain to the ounce (0.065 gramme to 31 grammes), and pass into the urethra three or four times a day. At the same time give an alkaline mixture containing hyoscyamus.

Should the case not be seen until three weeks have passed, give injections of liquor plumbi sabacetatis, 1 drachm (4 grammes) to 6 ounces (186 grammes) of chloroform water, with small doses of an emulsion of copaiba balsam by the mouth. Give aloin to prevent the dyspepsia and pain in the loins caused by the copaiba.

A Gem, Dedicated to That Rabelais of the Profession, T. C. M.

Cincinnati Lancet-Clinic.

During the last two years our old war pensioners have been put to serious inconvenience, and great loss in some cases, by the exactions of the indefatigable Hoke Smith, and I want to relate an incident in connection with a case of this kind.

Captain K——— was threatened with a 50 per cent. reduction of his pension, and was ordered before the pension board to sustain the existence of his long-continued disabilities. Then he was ordered to undergo examination by a civil surgeon, then back to the board again. Then he was asked to get some general evidence from his family physician, and also to get the affidavits of two or three other physicians to substantiate the fact that he had an inguinal hernia, in connection with a chronic diarrhea. The Captain listened to the learned dissertations of the surgeons in their differential diagnosis of hydrocele and hernia until he got bewildered, and finally penned Hoke Smith the following epistle:

Dear Mr. Smith—I have been sent around from pillar to post, from poor doctors to worse ones, and I want to tell you a story. One beautiful summer evening a couple of young lovers might have been seen lounging in close proximity to each other, beneath a budding apple tree, tenderly caressing each other. The young lady was clad in those clinging, expensive robes, which betokened that she was the child of rich but respectable parents, and the young man also had the ear-marks of prosperity. Suddenly from out the stillness came the soft sweet voice of the maiden, who said: "Algernon, I discover that your right kidney hangs a little lower than the left, doesn't it?" Mr. Smith, please send me to some doctor who knows the difference between a kidney and a testicle.

Hiccough.

Physician and Surgeon.

D. L. Parker, of Detroit, has cured several cases of severe hiccough by dry cupping of the abdomen. The theory is that by drawing forward a portion of the abdominal wall and thereby tending to enlarge the abdominal cavity, enough force is exerted upon the upper side of the diaphragm by atmospheric pressure to overcome its spasmodic action. It is curious to note that the spasm returned in all four cases reported in about two hours—a fact which the author is unable to explain. In all four a repetition of the cupping caused a permanent arrest of the hiccough. An ordinary drinking glass may be used, the air being exhausted by burning paper or a few drops of burning alcohol. In removing the glass, care should be taken to press lightly upon the skin near the edge of the glass with a pencil or other pointed instrument, and allow the air to pass in gradually. Forcible removal is quite painful.

A Substitute for Cod-Liver Oil.

The Daily Lancet.

In an article on the Subject of Cod Liver Oil, which appeared in the *Pharmaceutical Era* for November, 1894, the author says:

"I find in my field of work that, at a conservative estimate, fully 98 per cent. of the physicians that I have interviewed on the subject of cod liver oil claim that it produces digestive disturbances in from 60 to 80 per cent. of the cases which require its use."

Such a statement will not surprise those physicians who still cling to the use of this disagreeable drug. Cod liver oil is a relic of the days of powdered lizards and snakes' eyes. It has retained its hold on the profession for the reason that an occasional patient is blessed with a stomach strong enough to tolerate its nauseating flavor; and under such conditions it is undeniably a fattening food. Increase of weight, however, is gained at a frightful expense when the health of the digestive organs has got to be sacrificed.

Starch is nature's source of fat. Free oils were never designed for human food. Therefore, if you would fatten up your thin, anæmic patients, prescribe a hearty diet of starchy foods; and if they don't digest articles of this character to advantage, then give them Paskola, which is an artificially digested starch, and which, by virtue of the presence in it of a small proportion of hydrochloric acid and meat-digesting ferments, aids the digestion of other foods in the stomach.

The manufacturers are anxious that the the profession should become familiar with their product from actual experience, and therefore liberally offer to send a supply, express prepaid, to any physician who may rexuest it.

REMEMBER that we will furnish you the JOURNAL for one year and Helbing's Modern Materia Medica for $2.50.

AT this season of the year, when radical and sudden thermal changes are the rule, it becomes of vital interest to the busy practitioner to have in compact, ready form, such approved medicaments as meet the analgesic and antithermic requirements of the bulk of his patients. As pertinent we call attention to the following combination tablets: "Antikamnia and Codeine," each containing 4¾ gr. antikamnia and ¼ gr. codeine. "Antikamnia and Quinine," each containing 2½ gr. antikamnia and 2½ gr. quinine. "Antikamnia and Salol," each containing 2½ gr. anti-kamnia and 2½ gr. salol, and "Antikamnia, Quinine and Salol," each containing 2 gr. antikamnia, 2 gr. quinine and 1 gr. salol. These together with the well known "Atikamnia Tablets," of varied sizes, and "Antikamnia Powdered," constitute indispensable factors in the armamentarium of the physician, and are more than ordinarily indicated in present climatic conditions.

THE Chicago Summer School of Medicine is being severely criticised by the journals on account of the bids it is making for students. Students who are unable to pay their tuition are admitted free or on partial fees; or, in other words, they will take whatever they can get.

AFTER considerable opposition from the House the Senate appropriation bill for the Board of Health was finally passed.

DR. J. A. RAFTER, of Holton, Kas., will spend the Summer in New York preparing himself for special work.

DR. TIFFANY, of Kansas City, Mo., is one of the prime movers in the University Medical Department scheme.